

**Work Order ID 94046****\*94046\***

Page 1

November-30-12 8:26:15 AM

Item ID: D1049

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Saddle

Start Date: 11/30/12 Start Qty: 30.00

**\*30\***

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 30.00

**\*30\***

Customer:

Reference:

Approvals:

Process Plan: MLTDate: 12-12-03

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
100		0.00							
<b>*100*</b>	SHEAR								
Bandsaw	Memo	0.00							
Jeaspa Bandsaw	Cut Blanks: 2.000" long								
110		0.00							
<b>*110*</b>	HAAS CNC VERTICAL MACHINING #1								
HAAS 1	Memo	0.00							
HAAS CNC vertical machine #1	1-Machine as per folio FA217 & Dwg D1049 2-Deburr								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
<b>*120*</b>	Memo	0.00							
QC									
Quality Control									

PD 13/01/04

30 Ø

DAS  
25 13-01-06

30

DAS  
25 13-01-06

30

25 13-01-06

NCR: Yes / No

DQA: Date: . . . . .

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_



NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____ NCR No. _____		<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
FAULT CATEGORY									
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other					

**Work Order ID 94046****\*94046\***

Page 3

November-30-12 8:26:15 AM

Item ID: D1049

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Saddle

Stop

**\*NS2\***

Start Date: 11/30/12 Start Qty: 30.00

**\*30\***

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 30.00

**\*30\***

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	<b>*NR1*</b>
	QC:	Date:	SPC (Y/N):	Date:	Stop		<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 <b>*160*</b> QC Quality Control	QC3- Inspect Part Finish Memo	0.00				30x	0	30	13/10/09
170 <b>*170*</b> Packaging Packaging	Identify as per dwg & Stock Location: <u>GA</u> Memo	0.00				30x	0	30	Sp <del>13/10/09</del> <del>13/10/09</del>
180 <b>*180*</b> QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00				13/11/10	0	13-01-10	MF 13-01-10

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

# Picklist Print

November-30-12 8:26:15 AM

Page 1

Work Order ID: 94046

Parent Item: D1049

Parent Item Name: Saddle

Start Date: 11/30/12

Required Date: 12/07/12

Start Qty: 30.00

Required Qty: 30.00

Comments: IPP RevC02.04.10Re-formatNG

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6B0.750X00.250 6061-T6 Bar .750 x .250		Purchased	No			100	f	37.9800	0.1666	5.261052	70	13/01/04	

Location	Loc Qty	Loc Code
MAT003	37.98	
→ 120129	37.98	5.40

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>			
				Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>				
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>				
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>			
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>					
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>					
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>					

DART AEROSPACE LTD	Work Order:	94046
Description: Saddle	Part Number:	D1049
Inspection Dwg: D1049	Rev: --	Page 1 of 1

## FIRST ARTICLE INSPECTION CHECKLIST

## X First Article      Prototype

Measured by:	SL	Audited by:	SNL	Prototype Approval:	N/A
Date:	13/01/07	Date:	13/01/07	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	03.10.07	New Issue	KJ/RF	++

97/00281  
ELEMSE